



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65666669	Contractual Allowance	\$40406247
Outpatient Patient Service Revenue	\$13352117	Other Deductions	\$2202909
Total Gross Patient Service Revenue	\$79018786	Total Deductions	\$42609156

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$36436638
Other Operating Revenue	\$841983
Total Operating Revenue	\$37278621

4. Operating Expenses

Salaries and Wages	\$17817771	Employee Benefits	\$6365480
Depreciation and Amortization	\$945528	Interest Expense	\$486765
Bad Debt	\$27008	Other Expenses	\$11021613
Total Operating Expenses	\$36664165		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$614456	Total Assets	\$26660497
Net Non-operating Gains over Loss	\$39926	Total Liabilities	\$22241031
Total Net Gains	\$654382		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$34366832	\$19441841	\$14924991
Medicaid	\$8139938	\$6339041	\$1800897
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36512016	\$15282968	\$21229048
Total	\$79018786	\$41063850	\$37954936

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5700	\$-5700

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$73116	\$-73116

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$78415	\$221246	\$-142831
Hospital Patients	\$0	\$0	\$0
Community Education	\$9305	\$33282	\$-23977

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	75

Statement Six: Charity Statement

Hospital Charity Charges	\$1572314
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$724334	
HCI Payments	\$0		
Subtotal	\$0	\$724334	\$-724334
Medicaid Shortfalls	\$0	\$1949011	
Subtotal	\$0	\$2673345	\$-2673345
DSH Payments	\$0		
Subtotal	\$0	\$2673345	\$-2673345
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$2673345	\$-2673345

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0